									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003									10657921					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			12					RATE FEE			RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		A	BASIC FEE 375.00		OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			/ とminus 20=		* O			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS					*2			X42=			OR	X84=		
ΜU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT			+140	+140=		OR	+280=				
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	۱L	375	OR	TOTAL		
CLAIMS AS AMENDED - PART II											_	OTHER		
_		(Column 1)		nn 2)	(Colum	n 3)	SMA		ENTITY	OR	SMALL ENTITY			
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESE		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
AME	Independent	*	Minus	***		-		X42	II		OR	X84=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM			+140	)=		OR	+280=		
								TO ADDIT. I	TAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	mn 2)	(Colum	n 3)				_			
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESE EXTR		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	]	X\$ 9	=		OR	X\$18=		
AME	Independent	<u> </u> *	Minus	***		=		X42			OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
								+140	= TAL		OR	+280= TOTAL		
								ADDIT.	EE		OR	ADDIT. FEE	L	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										_			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESE EXTR		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	<b>-</b> 01 411	=		X42	-		OR	X84=		
<u> </u>	LINO! PHESE	ENTATION OF M	OLITPLE DE	PENDEN	CLAIM		لــــــــــــــــــــــــــــــــــــــ	+140	=		OR	+280=		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in th appropriate box in column 1.

ADDIT. FEE

FORM PTO-875 (Rev. 12/02)